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ABSTRACT

This paper, by reporting on research literature published from 1980 to 1992, attempts to identify the origins of interpersonal and social skill deficits of adolescents and young adults with visible physical disabilities, either congenital or acquired during very early childhood. The paper examines the nature of interpersonal and social skills and attempts to discover if deficiencies in those skills exist for persons with a physical disability. The possible causes of any such deficits are examined, and an overview of the treatments prescribed to lessen interpersonal and social skills deficits is presented. The paper concludes that growing up with a physical disability does not automatically create deficits in successful social interaction, but that this group is at risk for developing ineffective verbal and nonverbal communications. The causes of skills deficit risk seem to be a societal problem, and interventions that are helpful are those that make the disabled adolescent or young adult aware of the factors involved in making his/her communication ineffective. (25 references) (JDD)

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Origins of Interpersonal and Social Skills Deficits of Developmentally Disabled Adolescents and Young Adults

A Seminar Paper Presented to the
Faculty of the College of Education
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In Partial Fulfillment
of the Requirements for the Degree
Master of Education

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Chapter One

Introduction

The years of adolescence and young adulthood are often filled with confusion and frustration. Childhood is left behind and preparations for adulthood begin. It is a time of discovering and refining the interpersonal and social skills that can make life smoother and happier. One learns the give and take of successful interactions with others. What about the child who grows up with a physical disability? Often such children do not experience the opportunities to develop such social skills, and they are likely to be misunderstood (Thompson, 1981). Because people with disabilities depend on others for physical care, and because they experience stigmatizing reactions and often rejection, it is extremely important that this group learn effective social skills (Gambrill, Florian, & Splaver, 1986, p. 4). Without strong self-esteem and assertiveness, the disabled person could easily absorb society's negative stereotypes and believe them and reflect them.

Statement of the Problem

This paper will attempt to identify the origins of interpersonal and social skills deficits of developmentally disabled adolescents and young adults.

Research Questions

Specific research questions to be explored are:

1. What are interpersonal and social skills?

2. What does research report about the deficits the developmentally disabled have in these skills?
3. What might be some of the causes of such deficits?
4. What treatments have been prescribed to lessen these deficits?

Purpose

The purpose of this study is to provide a better understanding of the complex nature of social interactions faced by the developmentally disabled. By being aware of such issues, those in the helping professions would be better equipped to bring about positive changes through the reduction or prevention of possible deficits.

It is assumed that growing up disabled, particularly with a visible disability, provides for the development of interpersonal and social skills deficits that are not confronted by the non-disabled.

Delimitations

This paper reports on the research literature published between the years 1980 to the present. The study was limited to persons who are 12 to 24 years old with a visible physical disability and who live in North America. The disability had to be either congenital or acquired during very early childhood.

Definition of Terms

The definitions of terms relevant to this paper are:

1. interpersonal-relationships with other persons

2. social-interaction of individual with society
3. developmentally disabled-persons who have grown up and developed with a physical disability

Procedures

The writer conducted CD-ROM searches of the Psychological Abstracts and ERIC covering periodicals published from 1980 to the present and also searched the computerized catalogue system ALICE at Alden Library of Ohio University. The term "Rehabilitation Psychology" was used in the ALICE search; the following terms were used in the CD-ROM searches:

Descriptors: Physical Disabilities, Physically Handicapped, Interpersonal Competence, Social Development, Social Behavior, Social Problems, Peer Relationship, Social Deficits, Skills Deficits, Social Deficits with Skill Deficits, Interpersonal Interaction, Social Interaction, (Physical Disabilities or Physically Handicapped) and (Interpersonal Competence or Social Development or Social Behavior or Social Problems or Peer Relationship or Social Skills Deficits or Interpersonal Interaction or Social Interaction).

Organization of the Study

This paper is organized into three chapters. Chapter Two will present a review of the literature and related research.

Chapter Three will include the summary, conclusions, limitations and recommendations for further research.

Chapter Two

Review and Analysis of the Literature

When a child grows up with a physical disability, several factors are likely to reduce the opportunities for developing and refining necessary social and interpersonal skills.

This chapter will present a review and analysis of the literature and report the findings of current research. Attempts will be made to examine the nature of interpersonal and social skills and to discover if deficiencies in those skills exist for persons with a developmental disability. The possible causes of any such deficits will be examined and an overview of the treatments that have been prescribed to lessen interpersonal and social skills deficits in this population will be presented.

Interpersonal and Social Skills

The entire subject of interpersonal and social skills is beyond the scope of a paper such as this. Therefore, this topic will for all practical purposes be limited to verbal and nonverbal communications. Success in social skills such as social acceptance, manners, liking others, cooperation and control of aggression often leads to strong interpersonal skills. Such skills include leadership, independence, assertiveness and competitiveness. Most people take the importance of such skills for granted yet they are vital to everyday life. These skills can result in happy family life, positive experiences in

education, success in job placement and foster friendship. The lack of such skills may result in isolation and despair.

Deficits in Developmentally Disabled

As Nehring (1990, p. 5) states, "Researchers and clinicians have argued whether the presence of chronic illness creates psychosocial problems." Thompson (1981) assumes that because the nondisabled avoids his or her peer with a disability, the disabled are left with few opportunities to learn interpersonal communication skills. She states, "When communication does take place, it is characterized by distortion of opinions expressed, restriction of behavior, and other nonnormative patterns ..." (p. 13).

Easton and Gagnon (1985) point out that when the level for physical independence is low, it becomes crucial for the individual to acquire social skills that will facilitate receiving essential physical help for survival and for attaining some feeling of a satisfactory life. These authors go on to say, "If these skills are not accomplished, a secondary disability is created which may prove more debilitating than the physical problem" (p. 99). They explain that when the only learning model that is available to the disabled adolescent is that of a nondisabled peer, problems may arise when trying to apply social skills to different situations. Adolescent peer influence is strong; thus teenagers who cannot apply the social norm find themselves in unfavorable circumstances (Easton & Gagnon, 1985). "It is difficult to bridge the gap between childhood and adult behavior without having a solid base of

personal practice in the experiences of adolescent transition" (Easton & Gagnon, 1985, p. 102).

Several studies have been conducted concerning the social interaction of disabled and nondisabled college students. Fichten and Bourdon (1986) explain that what is currently known about college students with disabilities shows that the biggest barrier they confront is social isolation. In a separate study, Fichten, Robillard, Judd, and Amsel (1989) discover that college students without disabilities are uncomfortable with peers who have disabilities. The nondisabled students often hold a variety of negative thoughts concerning the students with disabilities, including social anxiety, infrequent dating, disabled dating disabled and fitting stereotypes about people with disabilities. "The importance of perceived similarity in influencing attraction and liking has been well documented. Given the importance of socializing, friendship formation and dating for most college students, the beliefs held by nondisabled individuals may constitute a serious barrier to social interaction" (Fichten et al., 1989, p. 252). Further results of this study reveal that there are no significant differences between disabled and nondisabled groups on matters of self-esteem, social anxiety and dating frequency and satisfaction. Also, it was reported that the disabled students are as comfortable with nondisabled students as they are with persons with the same disability. "... The problematic nature of interaction between disabled and nondisabled students is not caused primarily by discomfort on the part of

students with disabilities" (Fichten et al., 1989, p. 253). Disabled students are aware of the negative views of others yet their self-esteem does not appear lower than the self-esteem of nondisabled peers. It is also important to note that no differences in self-esteem were found between those who grew up disabled and those who became disabled more recently (Fichten et al., 1989).

The results of a study conducted by Gambrill, Florian, and Splaver (1986) report that students who are visibly physically disabled have fewer problems with being assertive than nondisabled students. It is suggested that the disabled are used to asking for various kinds of assistance and refusing unwanted help. These authors go on to explain that similar results may not be found in samples outside of a university setting. They explain,

> Achieving entry into a university requires negotiation of the obstacles presented by a physical disability. Once at college, resources are available to support and extend competencies such as programs for students with physical disabilities and the presence of other students with disabilities who cope effectively. (Gambrill et al., 1986, p. 10)

To support this conclusion, a study by Hostler, Gressard, Hassler, and Linden (1989) found that young adults with disabilities, who are not in college are socially isolated, unemployed and unmarried. Those that do not live in institutions are three times as likely not to complete high school compared to the nondisabled. While most are unemployed, those who do work typically earn less than $15,000 per year. The same study also found that

low self-confidence, insecurity and anxiety experienced by adolescents with disabilities can hinder the individual from attempting to move away from the family. "Comfort with self in the peer group is critical to that movement. It is not clear whether the change is due to the intervention (socialization experiences, community activities, and role-playing) or from age alone" (Hostler et al., 1989, p. 17).

Fichten, Bourdon, Amsel, and Fox (1987) state that disabled and nondisabled college students both know how to interact successfully with each other, and conclude that deficiency in skills alone does not explain problems in interactions. They also note that nondisabled students who had previous social interaction with a person with a disability have higher self-confidence in such interactions.

According to the current literature, adolescents with disabilities are likely to experience problems with social and interpersonal skills whereas college students with disabilities seem to be better adjusted. It cannot be concluded that the developmentally disabled are deficient in these skills, but it seems they are at risk for problems in these areas.

Causes of Risks for Deficits

Wallander and Hubert (1987) found that social isolation is a major problem for young persons growing up disabled. They state that several factors contribute to this condition (such as physical limitations that reduce or limit involvement in sports, and medical problems that hinder school

attendance). With social isolation comes social distance. Social distance as examined by Stovall and Sedlacek (1981) is the level of personal contact the nondisabled feel comfortable with when interacting with visibly disabled peers. The more involved the physical disability, the greater the social distance. Also, women are found to feel more positive toward all levels of social interaction with the physically disabled than men (Stovall & Sedlacek, 1981).

Family attitudes can also be responsible for putting the child who is disabled at risk for social skills deficits (Molnar, 1989). Mutual dependency can develop between parents and the disabled child. Parents may spend a vast amount of time and money in providing care for the child, making it very easy for the disabled child to become very dependent. This dependency provides satisfaction and comfort for the parents and thereby a very strong cycle of mutual dependency perpetuates itself (Abramson, Ash, & Nash, 1979). Efforts on the part of the disabled adolescent to develop independence can often be perceived as rebelliousness by the parents. According to Molnar (1989), the way parents raise the child with a disability has a lasting impact on the personality of the child. Easton and Gagnon (1985) have found conflicting opinions concerning the impact that a child with a disability has upon the family. In discussing the needs of the parents and the support professionals can give, Easton and Gagnon go on to say,

> In the stress of coping with their own adjustment to altered expectations and with the day-to-day demands of care, families of handicapped children often forget that the child is a potential adult and as such is a potential partner in marriage or other long-term interpersonal relationship. (1985, p. 2)

Also, "Professionals providing services as a part of a comprehensive program for handicapped children need to remember that parental support is crucial to long-term psychosocial development of the child" (Easton & Gagnon, 1985, p. 103). These authors go on to state the potential risks for adolescents with disability:

> Limited opportunities for trial and observation, conclusions mistakenly drawn from inaccurate observations, limited teaching by the family as a result of preoccupation with physical problems, and restricted exposure to the world can jeopardize the development of social survival skills, and consequently the ability to initiate and maintain social relationships. (p. 104)

A study done by Fichten and Bourdon (1986) suggests that the response inhibition model best explains the interaction difficulties between disabled and nondisabled college students. These researchers define the response inhibition model as "... failure to enact the appropriate behavior despite knowledge about what constitutes adequate behavior ..." (p. 326). In this study it is found that both disabled and nondisabled college students generally

use socially appropriate behaviors but that some behaviors used are not appropriate. The examples of inappropriate behavior that the nondisabled describe as being used by the disabled include: not being assertive, being passive, and displaying self-pity. The inappropriate behaviors that the disabled cite of the nondisabled are avoidance, premature termination of interaction, do-good behavior, bossy and over-zealous behavior, and patronizing. Fichten and Bourdon (1986) conclude that negative attitudes, incorrect assumptions, social anxiety, negative self-consciousness inhibit appropriate social response. The authors add that contact between the disabled and nondisabled can be beneficial only when such contact is equal in status and long-term.

According to Wright (1989) nonverbal communications are vital to interpersonal relationships. Being ineffective in sending and receiving nonverbals can cause a person to miss sixty-five percent of the message being transmitted. She goes on to reveal that even when a physical disability has an obvious influence on the effectiveness of nonverbals, the listener will still give more attention to the nonverbal message than to the verbal message. Therefore when persons with disabilities lack muscle control and strength that will cause various postures and the inability to gesture with arms and hands, they will automatically be perceived as sending negative nonverbal messages. Wright (1989) mentions the special needs of the sightless child who cannot observe and thereby learn nonverbal communications.

Holmes, Karst, and Erhart (1990) present the concept of proxemics and spatial behaviors as a cause of deficits in interacting between the disabled and nondisabled population. They maintain that cultural norms of personal distance and personal space are confusing to the disabled and nondisabled, stressing that the social environment is a crucial factor to consider. This study (Holmes et al., 1990) describes proxemics as determining "... personal space in relation to personal space of others; it defines civility, good manners, and the 'correct' way to interact" (p. 26). It is brought out in this study that the disabled are handicapped by social values, attitudes and customs that are habit. Because the disabled are perceived as altering these established behaviors and seeming to require new behaviors on the part of the nondisabled, negative stress will likely occur in the nondisabled. Since spontaneous interaction requires an investment of energy and thought, the nondisabled may choose not to interact at all. Moving out of the way of a person with a disability prevents specific forms of communication. "Physical inaccessibility to the proper proxemic ranges precludes many forms of nonverbal communication and, more important denies access to opportunities for social interaction" (Holmes et al., 1990, p. 27). An example given in the study is when a wheelchair user has to disclose personal communication from a distance which is likely to be more appropriate for nonpersonal messages or else chooses to avoid personal levels of communication altogether. For persons with a visual or hearing impairment

who may need to get very close to communicate the nondisabled participant may feel that their personal space is being violated. When a person has both a visual and hearing impairment and needs to be close to the interpreter for tactile communication, the nondisabled person involved in the interaction may feel isolated and compelled to convey only social messages. As seen from this study by Holmes et al. (1990), the developmentally disabled adolescent and young adult will have to negotiate the barrier that the affects of proxemics often create.

Current research reveals that social isolation, social distance, family influence, response inhibition and cultural norms of proxemics are major factors contributing to the social and interpersonal handicapping of the developmentally disabled young person.

Treatments

An obvious beginning for attempting remediation is the family. Molnar (1989) states, "Because of their paramount role in nurturing their child's affective and personality growth, the parents must be made aware early that a psychosocial dysfunction may hamper optimal development and that they are influential in preventing it" (p. 98). Molnar goes on to explain that care must be taken not to direct all attention and energy toward the physical treatment of the disability. Basic principles of child-rearing require equal emphasis and attention, as do learning experiences such as socialization and play. The family must be made to understand the importance of social

activities and interactions outside of the family (Molnar, 1989). It is extremely important for the professional helper to be aware of the various ways in which assistance can be provided to developmentally disabled adolescents through their families.

Along with the family, the education system has a strong influence on the development of young persons who grow up with a physical disability. One goal of mainstreaming (the placement of disabled children in the same classrooms with nondisabled peers) is to foster positive communications between disabled and nondisabled individuals through increased social contact. A study by Thompson (1983) shows that in one school district, mainstreaming did not provide enough opportunity to make communication equal between the disabled and nondisabled. She recommends that empathy be increased by having nondisabled classmates simulate a disability, and awareness increased by discussions prompted by the teacher on how to adapt to individual characteristics. Since successful interaction of the teacher with the disabled can serve as a model for nondisabled students, it would be beneficial to provide training that would enable the teacher to maximize the positive potentials of mainstreaming. Ray (1985) studied the social positions of mainstreamed disabled children and found that children with disabilities were perceived as less acceptable by nondisabled peers and teachers in social interactions despite the fact that no observable social deficits were reported. Ray says,

> If this difference is perceived rather than real, then results of studies evaluating only peer perceptions may need to be reinterpreted to reflect this distinction. Accordingly, effects may need to be directed toward changing the perceptions of teachers and regular classmates rather than (or in addition to) changing the social skills of the handicapped child. (p. 61)

The physical placement of disabled adolescents in regular classrooms provides only limited success in reducing risks of interpersonal and social skills deficits.

Wright (1989) suggests that training in nonverbal communication would serve to make the disabled person aware of problems they might be having in overall communication effectiveness. She goes on to state that persons who work with people with disabilities should continuously check for the source of any mixed messages they might receive from the client's ineffective nonverbals and to be sure that their own nonverbals are accurate.

At the college level, Fichten (1987) advises that student personnel and professors should work to increase integration of disabled students into college life. She recommends social skills training for some students with disabilities in order to promote higher self expectations of success in social interactions.

In a study on peer dysfunction in children with developmental disabilities, Wallander and Hubert (1987) state that "... intervention

procedures have not been developed specifically for disabled children. Few interventions have taken their different handicaps into account" (p. 217). These authors offer the following treatments that have been helpful in assisting young people with disabilities:

> Manipulation of Environment-based on the assumption that low levels of social skills result from the absence of environmental reinforcement. Techniques used include primary, social, group and home structured reinforcement.
>
> Peer Initiation-involves trained, nondisabled peers to initiate interactions with the person who is disabled. This provides increased socialization and rewards involved in positive interaction.
>
> Modeling-live or filmed peer models shown successfully managing social interactions, often with adult reinforcement of positive responses added to live modeling.
>
> Behavioral Instruction-combines modeling and reinforcement with trainer instruction and role-playing. The desired social skill is presented through discussion or demonstration and specific instructions from trainer. The disabled person then practices the skill through role-playing.
>
> Interpersonal Problem Solving-"... involves training children in covert problem solving strategies, which can be applied to interpersonal situations. This strategy assumes that a skills deficit is

related to difficulties in generating adaptive solutions, rather than an inadequate behavioral repertoire." (Wallander & Hubert, 1987, p. 215)

A novel approach in facilitating social interaction between wheelchair users and the nondisabled is described in a study done by Eddy, Hart, and Boltz (1987). They found that service dogs (dogs trained to perform a wide range of manual tasks for the physically disabled) increased social acknowledgements of people who use wheelchairs. When the nondisabled encounter a disabled person with a service dog, they are often enlightened as to the capabilities of the person who is disabled. The service dog is commanded and controlled by the person who uses a wheelchair, and often the disabled person has to tell the nondisabled not to pet the dog and distract it while it is working. The socializing effects of a service dog provide opportunity for conversation. In fact, one complaint reported in this study is that more time is needed when going places because of strangers stopping to talk. Another problem is that conversations almost always center around the dog. Some owners of service dogs feel dismayed when more people know the dog's name than theirs (Eddy, Hart, & Boltz, 1987).

According to the present research, the reduction of the risks for interpersonal and social skills deficits can be carried out through the education and support of the parents and by the total integration of the disabled adolescent and young adult in the classroom and on college campuses. It must be noted however that studies done on mainstreaming

report that more than mere physical presence is needed to bring about successful social interactions. It is apparent that teachers need to know how to facilitate empathy and understanding of individual characteristics. Along with increased opportunity to socialize, some adolescents with developmental disabilities can benefit from various social and interpersonal skills training strategies. One social ice-breaker is the service dog.

The following chapter will include a summary, conclusion, limitations and recommendations.

Chapter Three

The purpose of this study was to identify the origins of interpersonal and social skills deficits that the developmentally disabled adolescent and young adult might face. The years between childhood and adulthood are often difficult and growing up with a physical disability may include barriers to relating effectively on social and interpersonal levels.

Discussion

The literature is relevant to the topic of this study in its coverage of communication, proxemics, self-esteem, interpersonal competence, and social anxiety issues faced by the developmentally disabled adolescent and young adult.

It is recognized that the more physically limited a person is the greater the need for highly effective interpersonal and social skills. At the same time the opportunities for learning and refining these skills are extremely limited. When interaction does occur it may often be unproductive and a frustrating experience for the person who is disabled. For the severely physically disabled, effective communication is crucial for everyday survival and autonomy.

Several studies reveal that young adults with disabilities who attend college face social isolation as a result of negative and incorrect beliefs held by their nondisabled peers about the disabled students. One study (Gambrill, Florian, & Splaver, 1986) finds that the students with disabilities have higher

interpersonal and social skills than the nondisabled students as the result of constant negotiation of obstacles and asking for various kinds of help on a daily basis. If social isolation is a problem for the disabled attending college, it is not surprising that research shows that it is a very large barrier for disabled persons who are not at college.

A variety of factors may contribute to the risk of poor interpersonal and social skills for the developmentally disabled. From the very beginning, the disability and accompanying medical problems hinder the opportunities for experiencing important social interactions. Also, the disabled child and family can easily focus all energy on the physical aspects of the impairment and thus neglect the development of interpersonal strengths (Easton & Gagnon, 1985).

As one study points out, negative attitudes, incorrect assumptions, and negative self-consciousness on the part of both the disabled and nondisabled may cause difficulties when interacting. Other research shows that the physically disabled are perceived as ineffective in nonverbal communications when they cannot use their posture and gestures in typical body language (Wright, 1989).

Another major factor to consider as a barrier to positive social interactions is that of personal space and distance. The nondisabled perceive that the disabled require unusual or new behaviors on their part if interaction

occurs. The negative stress that results from this perception will hinder or prevent many levels of communications.

Treatments proposed for the alleviation of interpersonal and social skills deficits were not very diverse. Families are seen as needing immediate and ongoing support and knowledge on the psychosocial needs of their child with a disability (Molnar, 1989). Teachers are exhorted to cultivate empathy through classroom discussions on individual characteristics and by highlighting similarities among all human beings. Educators must realize that physical placement of a disabled child in a classroom with nondisabled peers is not enough to foster positive communications. For young adults with disabilities, college student personnel and faculty can promote and work toward total integration to college life. Although current research strongly supports social skills training for the disabled, most studies report limited success of most procedures, citing the ineffectiveness of applying nondisabled experiences and models that do not relate to the special needs of the developmentally disabled adolescent and young adult.

Limitations

There is a paucity of information available in the literature published between 1980 to the present that addresses the special needs and experiences of young people with disabilities. Much of what is published focuses on this group in the school and college setting, and overlooks the persons with disabilities who do not attend college or neglects to study life beyond the

classroom for the disabled child. Also missing in the computerized card catalog are recently published books.

Conclusions

The answers to the research questions asked in Chapter One are now presented.

1. Interpersonal and social skills are skills that facilitate vital, successful interactions in daily living. These may include assertiveness, liking others, good manners, independence, etc. Interpersonal and social skills include verbal and nonverbal communication.

2. According to current information and research, adolescents and young children who are developmentally disabled are not deficient in interpersonal and social skills. Growing up with a physical disability does not automatically create deficits in successful social interaction. The literature does conclude, overall, that this group is at risk for developing ineffective verbal and nonverbal communications.

3. The causes of skills deficit risk seem to be a societal problem. The nondisabled, at all ages, hold negative beliefs about the disabled as a group and as individuals. A child who grows up disabled is often socially isolated for a variety of reasons and has very limited opportunities to learn and develop vital, positive interpersonal and social skills. Parents may often hold the same negative social views and values toward persons who are disabled and are likely to feel confusion, shame and fear about their disabled child.

School systems that do not fully integrate the student with a disability may provide opportunity for academic achievement while neglecting vital experiences in play and socialization.

4. A variety of social skills training and remedial strategies have been directed toward the disabled young person with limited success. Special intervention models that do not compare them to their nondisabled peers have yet to be fully developed and applied. What appears to be helpful is to make the disabled adolescent and young adult aware of the factors involved in making their communications less than effective.

Recommendations

While it seems that our society perpetuates incorrect assumptions and negative beliefs about the physically disabled, the persons with disabilities are perceived to have deficits in social and interpersonal skills.

Teachers, educators and all in the helping professions need to remain aware that cultural norms are often inflexible and pose real barriers in communicating with persons with physical disabilities. To expect the disabled individual (especially the disabled child) to conquer and control such large societal deficits would be laying the responsibility in the wrong place. Because the disabled are a part of society they cannot escape the problems of the larger group. While social changes need to occur, it is recognized that this is a slow process. In the meantime, disabled adolescents and young adults can be provided with encouragement, understanding and support. By being

aware of the larger social problem, persons with disabilities need not be discouraged. Rather they will feel less self-blame for ineffective social interactions and be better equipped to negotiate social barriers.

A very useful booklet for assisting the teenager with a disability is Taking Charge of Your Life: A Guide to Independence for Teens with Physical Disabilities (Center for Independent Living Inc., 1981). This booklet, written by persons with disabilities, examines family relationship, feelings of dependence, dating and developing friends, as well as career choice and decisions about college. Appropriate suggestions are presented for success in various social situations.

Parents need accurate information on the physical limitations their child will experience along with realistic, creative and positive approaches in helping their disabled child (and the entire family) reach their fullest social and physical potential. It is vital to provide ongoing support to the family as they have a strong impact on the future success of their disabled child. A cycle of mutual dependency must be avoided.

When it comes to interpersonal and social skill deficit risks in persons growing up with a physical disability, we must be sure that we as individuals do not become a part of the problem while realizing that we all can be part of the solution.

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